Conditional Use Permit Application

03/2021

Clay County Planning & Zoning 3510 12th Avenue South, PO Box 280 Moorhead, MN 56561-0280 Tel (218) 299-5005 planning@co.clay.mn.us

Application Fee: \$225.00

Owner	Parcel #
Mailing Address	Permit #
City	Date Submitted
State, Zip	60 Days
Day Phone	Fee \$
Cell Phone	Date of Hearing:
Email	
Property Address	
Subdivision	Twp Rng Section
Applicant	☐ Applicant Same as Owner
Name	
Address 1	
Address 2	
City	
State, Zip	
Email	
Day Phone	

1.	Descril	ibe the nature of this request:		
2.	List an	ist any potential conflicts with existing nearby land uses and how any conflicts will be minim		
3.	Check projec	eck all additional supporting documents and data, which are being submitted to help explain this ject:		
		Sketch Plan		
		Topographical Map		
		Detailed Narrative		
		Engineering Plan		
		Flood Plain Hydraulic Analysis		
		Flood Proofing Plans & Specs		
		Other (specify)		
		est of my knowledge, I certify that the information provided on this application and		
а	ccompa	anying documents is true and accurate.		
	Applicant signature: Date:			